

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Gandia, Myriam S.	179447	7/14/2021	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$50,000.00 06
Reason:	Proof of claim was not timely filed, as claimant filed the claim after the applicable deadline set by the Bar Date Orders.			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Gandia, Myriam S.	179447	7/14/2021	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$50,000.00
Base para:	La Evidencia de reclamo no se presentó dentro de los plazos estipulados, ya que el demandante presentó el reclamo después de la fecha límite aplicable fijada por la Resolución sobre Fechas Límite.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

Three Hundred and Eighty-First Omnibus Objection
Exhibit A - Claims to Be Disallowed

	NAME	DATE FILED	CASE NUMBER	DEBTOR	CLAIM #	ASSERTED CLAIM AMOUNT
324	GANDIA, MYRIAM S. 26154 CORKWOOD COURT LAND O'LAKES, FL 34639	4/21/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173753	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
325	GARCIA BURGOS, NELSON BARRIO PALO SECO BUZON 236 MAUNABO, PR 00707	5/26/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	174041	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
326	GARCIA COTTO, ELIZABETH HC 04 BOX 4284 HUMACAO, PR 00791	7/2/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	174220	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
327	GARCIA COTTO, MARIA ESTHER HC 4 BOX 4171 HUMACAO, PR 00791	3/17/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173590	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
328	GARCIA ECHEVERRIA, MIGUEL CALLE FRANCISCO MENDEZ 2F12 URB. BAIROA PARK CAGUAS, PR 00727	9/4/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	175042	\$ 4,800.00
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Puerto Rico Telephone Company which is not part of the Title III proceedings.					
329	GARCIA HERNANDEZ, LUIS MIGUEL HC-03 BOX 5776 HUMACAO, PR 00791	3/18/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173493	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
330	GARCIA HERNANDEZ, WILLIAM HC 1 BOX 17480 HUMACAO, PR 00791	3/30/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173695	Undetermined*
	Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					

ASR CS-001
Rev. 02/2002

ESTADO LIBRE ASOCIADO DE PUERTO RICO
ADMINISTRACIÓN DE LOS SISTEMAS DE RETIRO
DE LOS EMPLEADOS DEL GOBIERNO Y LA JUDICATURA
CENTRO DE SERVICIOS A PARTICIPANTES Y PENSIONADOS

RECIBO DE DOCUMENTOS POR RECLAMACIÓN

Recibi los documentos descritos a continuación:

Concepto: BxMCP
Nombre: Yenice Cruz Del Moral
Número de Empleado o de Seguro Social: [REDACTED]
Agencia, Corporación o Municipio: Pensionada

Documentos:

1. Sal BxMCP
2. ACTA Defunción (Copia Cert.)
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Recibido por:

Carmel. Cobis
Nombre Completo del Empleado
Oficial Defunción
Puesto

[Signature]
Firma
12/08/02
Fecha (Día/Mes/Año)
Am
Hora

ESTADO LIBRE ASOCIADO DE PUERTO RICO
(COMMONWEALTH OF PUERTO RICO)

DEPARTAMENTO DE SALUD
(DEPARTMENT OF HEALTH)
REGISTRO DEMOGRAFICO
(DEMOGRAPHIC REGISTRY)
CERTIFICACION DE DEFUNCION
(CERTIFICATION OF DEATH)



NUMERO DE CERTIFICADO (CERTIFICATE NUMBER)
152-2002-00578-015472-320062

NOMBRE DEL FALLECIDO (DECEASED NAME)
GENARA CRUZ DEL MORAL

SEGURO SOCIAL (SOCIAL SECURITY)

SEXO (SEX)
F

ESTADO CIVIL (MARITAL STATUS)
CASADA (MARRIED)

NOMBRE CONYUGE (SPOUSE'S NAME)
FERNANDO FIGUEROA MARTINEZ

FECHA DEFUNCION (DEATH DATE)
05 JUL 2002

FECHA REGISTRO (REGISTRATION DATE)
06 AGO 2002

LUGAR DEFUNCION (DEATH PLACE)
RIO PIEDRAS, PUERTO RICO

FUE EMBALSAMADO? (WAS EMBALMED?)
SI FUE EMBALSAMADO (EMBALMED)

FECHA NACIMIENTO (BIRTH DATE)
1931

EDAD (AGE)
71 AÑOS

LUGAR NACIMIENTO (BIRTH PLACE)
YABUCA, PUERTO RICO

NOMBRE DEL PADRE (FATHER'S NAME)
RAFAEL CRUZ

NOMBRE DE LA MADRE (MOTHER'S NAME)
NATIVIDAD DEL MORAL

FECHA EXPEDICION (DATE ISSUED)
13 AGO 2002

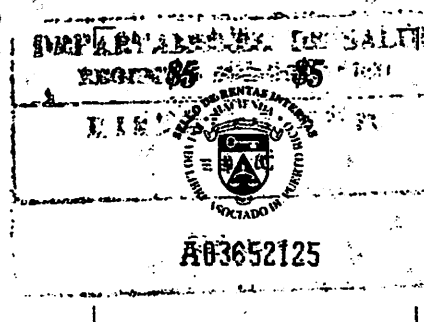
ESTE ES UN ABSTRACTO DEL CERTIFICADO DE DEFUNCION OFICIALMENTE INSCRITO EN EL REGISTRO DEMOGRAFICO DE PUERTO RICO BAJO LA AUTORIDAD CONFERIDA POR LA LEY 24 DEL 22 DE ABRIL DE 1931

THIS IS AN ABSTRACT OF THE RECORD FILED IN THE DEMOGRAPHIC REGISTRY OF PUERTO RICO ISSUED UNDER THE AUTHORITY OF LAW 24, APRIL 22, 1931

SECRETARIO DE SALUD
(SECRETARY OF HEALTH)

DIRECTOR DEL REGISTRO DEMOGRAFICO
(STATE REGISTRAR)

DEPARTAMENTO DE
SALUD
GOBIERNO DE PUERTO RICO



Dando Salud... a tu Vida.

ADVERTENCIA: Cualquier alteración o borradura cancela esta certificación.

WARNING: Any alteration or erasure voids this certification.

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-15-012557

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
MARCH 18, 2015 06:41 PM

1. DECEDENT'S
LEGAL NAME **FERNANDO FIGUEROA**
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	Place of Death 2a. New York City 2b. Borough Brooklyn	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival 4 <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) Bushwick Center for Rehabilitation and Health Care	
	Date and Time of Death 3a. (Month) (Day) (Year-yyyy) March 18 2015	3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 12:11	4. Sex Male	5. Date last attended by a Physician mm dd yyyy 03 18 2015	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician Esther Zellermaier (Type or Print)		Signature <i>Esther Zellermaier</i>		D.O. M.D.	
Address 50 Sheffield Avenue, Brooklyn, New York 11207		License No. 013073		Signature Electronically Authenticated Date MAR-18-2015	
7a. Usual Residence State New York	7b. County Kings	7c. City or Town Brooklyn	7d. Street and Number 50 Sheffield Avenue	Apt. No. 301	ZIP Code 11207
8. Date of Birth (Month) (Day) (Year-yyyy) 1922		9. Age at last birthday (years) 92		10. Social Security No. 0133	
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Sugar Cane Worker		11b. Kind of business or industry Factory		12. Aliases or AKAs	
13. Birthplace (City & State or Foreign Country) Yabucoa, Puerto Rico		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input checked="" type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th – 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input checked="" type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last) ****		
18. Father's Name (First, Middle, Last) Joaquin Figueroa		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Rosa Martinez			
20a. Informant's Name Norma Figueroa		20b. Relationship to Decedent Daughter		20c. Address (Street and Number Apt. No. City & State ZIP Code) 1163 Sutter Avenue 4 B, Brooklyn, New York 11208	
21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____		21b. Place of Disposition (Name of cemetery, crematory, other place) Municipal Cemetery			
21c. Location of Disposition (City & State or Foreign Country) Yabucoa, Puerto Rico				21d. Date of Disposition mm dd yyyy 03 22 2015	
22a. Funeral Establishment Funeraria Juan - John's Funeral Home		22b. Address (Street and Number City & State ZIP Code) 509 Liberty Avenue, Brooklyn, New York 11207			

VR 15 (Rev. 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

March 18, 2015 Order No. 20150320146

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar

